

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>10/4/00</u>	2 Serial/Patent # <u>9/555349</u>		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>485</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>485</u>
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check <i>See Attached</i>	
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	<input type="text"/> -- <input type="text"/>
9, <input type="checkbox"/> No Fee Due (Explanation):			
10 REASON:			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Jamala Holland</u>		TITLE: <u>LIE</u>	
SIGNATURE: <u>Jamala Holland</u>		PHONE: <u>301-5483</u>	
OFFICE: <u>FCT</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Wynne</u>		DATE: <u>10-13-00</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B